

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Hornick et al. :  
Serial No.: 09/771,358 : Art Unit: 3623  
Filed: January 27, 2001 : Examiner: Linda Mary Krisciunas  
For: METHODS AND SYSTEMS :  
FOR IDENTIFYING :  
PROSPECTIVE CUSTOMERS :  
AND MANAGING DEALS :

**Mail Stop RCE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

**TRANSMITTAL**

1. Transmitted herewith is:  
Transmittal and Amendment (36 pages)

**STATUS**

2. Applicant  
☐ claims small entity status.  
☒ is other than a small entity.

### EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) ☒ Applicant petitions for an extension of time under 37 C.F.R. 1.136  
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

| Extension for response within:                   | Other than small<br>entity Fee | Small entity Fee<br>(if applicable) |
|--|--------------------------------|-------------------------------------|
| <input type="checkbox"/> first month             | \$ 120.00                      | \$ 60.00                            |
| <input checked="" type="checkbox"/> second month | \$ 450.00                      | \$ 225.00                           |
| <input type="checkbox"/> third month             | \$ 1,020.00                    | \$ 510.00                           |
| <input type="checkbox"/> fourth month            | \$ 1,590.00                    | \$ 795.00                           |
| <input type="checkbox"/> fifth month             | \$ 2,160.00                    | \$ 1,080.00                         |
|  | Fee Due                        | \$ 450.00                           |

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

- ☐ An extension of \_\_\_\_\_ months has already been secured. The fee paid therefor \$\_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ 450.00.

OR

- (b) ☐ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

### FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

|   | (Col. 1)                                  |       | (Col. 2)                              | (Col. 3)         | SMALL ENTITY               |    | OTHER THAN<br>SMALL ENTITY     |
|---|---|-------|---------------------------------------|------------------|----------------------------|----|--------------------------------|
|   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | ADDITIONAL<br>RATE FEE     | OR | ADDITIONAL<br>RATE FEE         |
| TOTAL                                       |   | MINUS |                                       | =0               | x \$9 = \$                 |    | x \$18 = \$0.00                |
| INDEP.                                      |   | MINUS |                                       | =                | x \$44 = \$                |    | x \$88 = \$0.00                |
| — FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |   |       |                                       |                  | + \$150 = \$               |    | + \$300 = \$                   |
|   |   |       |                                       |                  | TOTAL ADDITIONAL<br>FEE \$ | OR | TOTAL ADDITIONAL<br>FEE \$0.00 |

- (a) ☒ No additional fee for Claims is required

OR

- (b) ☐ Total additional fee for claims required \$

**FEE PAYMENT**

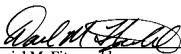
5. ☐ Attached is a check in the sum of \$\_\_\_\_\_
- ☒ Charge Deposit Account No. 01-2384 the sum of \$450.00  
A duplicate of this transmittal is attached.

**FEE DEFICIENCY**

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

**AND/OR**

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. ☐ Other:

  
\_\_\_\_\_  
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